

Application Data Sheet

Application Information

Application number::	
Filing Date::	09/25/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	LYOPHILIZED BEADS CONTAINING MANNITOL
Attorney Docket Number::	020048-004200US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Byung
Middle Name:: Sook
Family Name:: Moon
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2450 W. Bayshore Road #12
City of Mailing Address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Martin
Middle Name::
Family Name:: Jones
Name Suffix::
City of Residence:: Walnut Creek
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1096 Snyder Lane
City of Mailing Address:: Walnut Creek
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94598

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Johnny
Middle Name::
Family Name:: Valdez
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 14 Uxbridge Court
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 95139

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Cepheid
Street of mailing address:: 904 Caribbean Drive

City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94089